

# HHS/CDC Global AIDS Program (GAP) in Côte d'Ivoire – FY 2003



## About the Country of Côte d'Ivoire

**Capital City:** Yamoussoukro

**Area:** 322,000 sq km (124,324 sq mi)

**Population:** 16.3 million

## The HIV/AIDS Situation in Côte d'Ivoire

**HIV Infected:** 770,000<sup>1</sup>

**AIDS Deaths:** 75,000<sup>2</sup>

**AIDS Orphans:** 420,000<sup>3</sup>

Côte d'Ivoire has the highest HIV prevalence rate in the West African region, with an estimated adult population prevalence of 9.7%. HIV antenatal sentinel surveillance suggests a generalized epidemic throughout the country, with equal numbers of men and women infected by and suffering from AIDS. In 2001, UNAIDS estimated there were 420,000 children in Côte d'Ivoire who had lost one or both parents to AIDS. An estimated 54,000 infants are born to HIV-infected women each year, of which

approximately one-third will be infected in the absence of PMTCT (Prevention of Mother-to-Child Transmission) interventions. 84,000 children under age 15 are currently living with HIV/AIDS. AIDS has been the leading cause of death among adults 15-49 years of age since 1998. In 2001, 6,258 AIDS cases were reported, with youth aged 15-24 years representing 10% and adults aged 25-49 representing 78% of these cases. A 19% decrease in life expectancy is predicted by 2005, as well as a 53% increase in the adult mortality rate, in the absence of a large-scale comprehensive HIV treatment program. Furthermore, the recent crisis has resulted in severe ongoing economic, humanitarian, and social consequences, including massive population displacement, impoverishment, large-scale military deployment, and disrupted health and other essential services. As a result, poverty has increased and blood screening services, sexually transmitted infections (STI), tuberculosis (TB), and other health services have been disrupted, creating new population-level risk factors.

## The Global AIDS Program in Côte d'Ivoire

**Year Established:** 2000

**FY 2003 Budget:** \$6.6 million USD

**In-country Staffing:** Three CDC GAP Direct Hires; 94 Locally Employed Staff; One Contractor<sup>4</sup>

## Program Activities and Accomplishments

In FY 2003, GAP Côte d'Ivoire achieved the following accomplishments in the highlighted areas:

### HIV Prevention

- Worked with RETRO-CI to develop new partnerships and innovative models to expand voluntary counseling and testing (VCT) services. These models focus on ability to replicate, linkage to other services, and sustainability of services.

<sup>1</sup> Figure represents a 2001 estimate taken from unpublished data in the GAP M&E Annual Report.

<sup>2</sup> Figure represents a 2001 estimate taken from the CIA World FactBook, <http://cia.gov/cia/publications/factbook/geos/et.html>.

<sup>3</sup> Figure represents a 2001 estimate taken from unpublished data in the GAP M&E Annual Report.

<sup>4</sup> Figure represents a May 2004 census taken by GAP staff; staffing subject to change.

- Provided financial support to Family Health International (FHI) to promote national coordination, non-governmental organization (NGO) capacity, and a social marketing campaign to promote use of VCT services.
- Supported creation of a coordinating committee for workplace interventions. This group provided technical assistance to the Ministry of Labor to develop a comprehensive national policy, and strategic plans for HIV/AIDS in the workplace.
- Assisted three individual companies and three union networks to develop and implement specific AIDS prevention programs in the workplace.
- Collaborated with the Institute of Tropical Medicine (ITM, Antwerp, Belgium) to support Clinique de Confiance, which provided confidential VCT, STI, and Behavior Change Communication (BCC) services targeting highly vulnerable populations.
- Partnered with community-based organizations (CBOs) to facilitate the expansion of VCT, BCC, and other HIV services targeting highly vulnerable populations.

### **Preventing Mother-to-Child HIV Transmission (PMTCT)**

- Supported the launch of the national PMTCT program, including development of national policy, guidelines, and expansion plans; initiation of evaluations of the national systems for HIV diagnostic services; commodities management; monitoring and evaluation; training; rapid expansion of program services; development of PMTCT-plus service models; and expanded involvement of peer-counselors and PLWHA.

### **HIV/AIDS Care and Treatment**

- Worked with RETRO-CI to provide free data management and HIV diagnostic and monitoring laboratory services for all patients accessing the national HIV care via the "drug access initiative." Over 2,000 patients received antiretroviral treatment (ART) in FY 2003.

### **Surveillance and Infrastructure Development**

- Worked with RETRO-CI to complete the collection and analysis of 2002 antenatal sentinel HIV surveillance.
- Participated in the World Health Organization (WHO)-coordinated ART resistance surveillance network and continued to evaluate resistance prevalence and patterns among patients receiving ART.
- Supported tests for more than 18,500 patients tested for HIV at peripheral sites, performed over 16,600 HIV ELISA tests at the central laboratory, and conducted more than 91,000 CD4, viral load and biochemistry and hematological tests.
- Collaborated with national authorities and the American Association of Public Health Laboratories (APHL) to prepare a comprehensive evaluation of the national laboratory system.
- Provided technical assistance (biologic screening and training) to Niger, Sierra Leone, and Kenya to build laboratory capacity and enhance surveillance and HIV/STI service delivery.
- Supported trainings in a range of technical areas, reaching 1,238 recipients.

### **Challenges**

- Côte d'Ivoire has experienced a serious political and military crisis and subsequent socioeconomic crisis since September 2002. The crisis resulted in an emergency response to mitigate its effect on HIV transmission and care and support services, the ordered evacuation of all non-essential U.S. government employees, substantial disruption of management and support functions, suspension of HIV vaccine research activities, and a major organizational restructuring and downsizing of RETRO-CI.
- The economic impact of the national crisis is likely to limit the government's ability to expand the number of service delivery staff in the public sector without additional financial resources.

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